

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 25, 2003

Re: IRO Case # M2-03-1527

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 40-year-old female who on ___ was injured in a motor vehicle accident in which she was rear-ended. She felt immediate pain in her neck with headache. The pain soon radiated into both shoulders with some numbness and tingling in the upper extremities. Chiropractic treatment, and subsequently facet blocks and epidural steroid injections were not helpful. Electromyography showed bilateral C4-5 radiculopathy at one time, with the most recent such study indicating carpal tunnel syndrome bilaterally without any radiculopathy evidence. CT evaluation on 5/17/01 showed C2-3 osteophyte formation only, with something in the soft tissue in the cervical spine, which was probably lipoma. There has been some suggestion of symptom amplification. A neurosurgeon saw the

patient on 4/8/02, and while he found no neurologic deficit, he recommended EMG and MRI studies, both of which were essentially normal, except for the carpal tunnel syndrome and some bulging at C5-6 and C6-7. Additional neurosurgical consultation on 5/17/02 led to the recommendation of a CT myelogram of the cervical spine, which was performed on 3/6/03 and showed some spondylitic changes at the midline at C2-3, C4-5, C5-6 and C6-7. My review of the studies found nothing of surgical significance on either the MRI or the CT myelogram.

Requested Service(s)

Anterior cervical discectomy and fusion at C5-6 and C6-7 with allowgraft cone spacers and anterior plate instrumentation

Decision

I agree with the carrier's decision to deny the requested procedure.

Rationale

The records provided for this review indicate that there is nothing on examination from a neurologic standpoint that would indicate nerve difficulties secondary to cervical disk problems. Stiffness in the patient's neck with discomfort persists, but one examiner has suggested that this is extremely exaggerated. None of the studies, including MRI or CT scan show surgical pathology, with the possibility of it suggested as much in the areas that are not included in the proposed surgery as those that are included in the proposed surgery. In addition, the tingling and numbness into the arms and hands, which is increased during the patient's sleeping, is certainly compatible with carpal tunnel syndrome, which had been diagnosed electrically. It is doubtful that those symptoms or the carpal tunnel problem would be helped by the proposed procedure.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 29th day of August 2003.